

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		2				
5		0				
6	1					
7		1				
8	1					
9		1				
10	1					
11		3				
12		3				
13		0				
14		0				
15		0				
16		1				
17		1				
18		1				
19		1				
20		1				
21		0				
22		0				
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43		0				
44		0				
45		0				
46		0				
47		0				
48		0				
49		0				
50		0				
TOTAL IND.	4	1				

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52		1				
53		1				
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98						
99						
100						
TOTAL IND.						